



# Statement of Organization CANDIDATE COMMITTEE

CITY OF ALEXANDRIA

JUL 10 2012

\*Please read instructions before completing this form.

Type of Statement					
<input type="checkbox"/> NEW This committee is registering with the Virginia State Board of Elections for the first time.	<input checked="" type="checkbox"/> AMENDED This committee is filing an amended Statement of Organization.				
<table border="1"> <tr> <td>Date Changes Took Effect</td> <td>SBE-issued Committee ID</td> </tr> <tr> <td>6/29/12</td> <td></td> </tr> </table>		Date Changes Took Effect	SBE-issued Committee ID	6/29/12	
Date Changes Took Effect	SBE-issued Committee ID				
6/29/12					
Committee Information					
Committee Information	Name of Candidate Campaign Committee Keating for ACPS School Board				
	Street Address/PO Box 7 1/2 East Myrtle St				
	Suite # Alexandria VA 22301				
	City Alexandria				
	State VA				
	Zip Code 22301				
	Email Address keating@justinkeating.info				
	Daytime Phone # 703.966.3193				
	Campaign Website				
Candidate Information					
Candidate Information	Salutation Justin				
	Last Name Keating				
	First Name Justin				
	Middle Name Patrick				
	Suffix				
	Residence Address 7 1/2 East Myrtle St				
	Apt # Alexandria VA 22301				
	City Alexandria				
	State VA				
	Zip Code 22301				
	County or City of Residence Alexandria				
	Voter Identification # 918594688				
	Email Address keating@justinkeating.info				
	Daytime Phone # 703.966.3193				
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information					
Election Information	Alexandria City School Board - District B				
	Office Sought N/A				
	District (if one) 2012				
	Political Party N/A				
	Year of Election 2012				
	Type of Election <input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special				



## Statement of Organization CANDIDATE COMMITTEE

Treasurer Information				
<b>Treasurer Information</b>	Salutation	Last Name	First Name	Middle Name
		Justin	P Patrick	Suffix
	Residence Address		Apt #	
	Alexandria		VA 22301	
	City	State	Zip Code	
	Alexandria	VA	918594688	
	County or City of Residence		Voter Identification #	
Keating@JustinKeating.info		203.966.3193		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
Virginia Commerce Bank				
Name of Primary Financial Institution			Name of Other Financial Institution (if applicable)	
Alexandria VA				
City	State	City	State	
Committee Activity				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		6/29/12	
	Date first expenditure made:		6/29/12	
	Date campaign depository designated:		6/29/12	
	Date filing fee paid for party nomination:		N/A	
	Date Statement of Qualification filed:		6/20/12	
	Date treasurer appointed:		6/29/12	

(continued on next page)



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Filing Method	
<b>Filing Method</b>	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>SBE's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>SBE Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Signature</p> </div> <div style="text-align: center;"> <p>7/10/12 _____ Date</p> </div> </div>
Signatures	
<b>Candidate's Signature</b>	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Candidate's Signature</p> </div> <div style="text-align: center;"> <p>7/10/12 _____ Date</p> </div> </div>
<b>Treasurer's Signature</b>	<p><b>I accept the appointment of Treasurer of this campaign committee.</b> I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the State Board of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p>_____ Treasurer's Signature</p> </div> <div style="text-align: center;"> <p>7/10/12 _____ Date</p> </div> </div>